Current Mai	ling Address:			
1 KITTY LN	), NY 12542 US			
FEI Number: 46-5330724			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:	:		
1549 NE 123R	S & MANAGEMENT INC D ST .FL 33161 US			
The above name	d entity submits this statement for the purpose of change	ing its registered office or regis	tered agent, or both, in the State of F	lorida.
	d entity submits this statement for the purpose of change E: MOSES NAE	ing its registered office or regis	tered agent, or both, in the State of F	Florida. 02/12/2024
		ing its registered office or regis	tered agent, or both, in the State of F	
SIGNATURE	E: MOSES NAE	ing its registered office or regis	tered agent, or both, in the State of F	02/12/202
SIGNATURE	E: MOSES NAE Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of F	02/12/202
SIGNATURE Authorized	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail :			02/12/202
SIGNATURE Authorized	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/12/202
SIGNATURE Authorized Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent  Person(s) Detail :  MGR  RECABARREN PAVEZ, CARLOS F	Title Name Address	MGR BARRA PEREZ, RAMON A	02/12/202
SIGNATURE Authorized Title Name Address	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR RECABARREN PAVEZ, CARLOS F 18 KRISTY DR	Title Name Address	MGR BARRA PEREZ, RAMON A 18 KRISTY DR	02/12/202
SIGNATURE Authorized Title Name Address City-State-Zip:	E: MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR RECABARREN PAVEZ, CARLOS F 18 KRISTY DR BEACON NY 12508	Title Name Address	MGR BARRA PEREZ, RAMON A 18 KRISTY DR	02/12/202
SIGNATURE Authorized Title Name Address City-State-Zip: Title	E MOSES NAE Electronic Signature of Registered Agent Person(s) Detail : MGR RECABARREN PAVEZ, CARLOS F 18 KRISTY DR BEACON NY 12508 MGR	Title Name Address	MGR BARRA PEREZ, RAMON A 18 KRISTY DR	02/12/202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA ROLDAN

MANAGER

02/12/2024

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L14000056019

Entity Name: DEALER INDUSTRIAL LLC

## **Current Principal Place of Business:**

200 S BISCAYNE BLVD, SUITE 2790 MIAMI EL 33131

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

## Feb 12, 2024 Secretary of State 9282887948CC

FILED

Date